

REQUEST FOR TITLE SEARCH BILL INFORMATION

* THIS INFORMATION MUST BE GIVEN TO OBTAIN CLOSING INFORMATION.

Date: _____ * Requested by Name: _____

* Phone Number _____

* Present Owner: _____

* Address: _____

Account No: _____

Last Reading: _____ Date: _____

Amount Due: _____

*Current Read: _____ Date: _____

* New Owner's Name _____

* New Owner's bill to Address: _____

New Owner's Phone Number: _____

* Closing Date: _____

*Plat _____ *Lot _____

Please mail check to :

Pawtucket Water Supply Board
85 Branch Street
Pawtucket RI 02860
Ph: 401-729-5010 Fax: 401-727-3423

NOTE: This form is for verbal response only. Written response requires a \$12.00 check payable to the Pawtucket Water Supply Board.